CITY VIEW NURSING HOME
3030 CITY VIEW DRIVE
MADISON 53718 Phone: (60

MADISON	53718	Phone: (608) 242-5020		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds	Set Up and St	affed (12/31/03):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	55	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	41	Average Daily Census:	47

Services Provided to Non-Residents		Age, Gender, and Primary Di	_		(12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care No		 Primary Diagnosis		Age Groups	%	Less Than 1 Year	14.6	
Supp. Home Care-Personal Care	No					1 - 4 Years	43.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	19.5	More Than 4 Years	17.1	
Day Services	No	Mental Illness (Org./Psy)	46.3	65 - 74	9.8			
Respite Care	No	Mental Illness (Other)	7.3	75 - 84	39.0		75.6	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.8	********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	7.3	95 & Over	4.9	Full-Time Equivalent		
Congregate Meals No		Cancer				- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	17.1	65 & Over	80.5			
Transportation	No	Cerebrovascular	4.9			RNs	6.0	
Referral Service	No	Diabetes	2.4	Gender	%	LPNs	18.2	
Other Services	Yes	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.8	Male	48.8	Aides, & Orderlies	35.3	
Mentally Ill	No			Female	51.2	1		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			Managed Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	8	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	318	25	100.0	118	0	0.0	0	4	100.0	160	0	0.0	0	7	100.0	118	41	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		25	100.0		0	0.0		4	100.0		0	0.0		7	100.0		41	100.0

CITY VIEW NURSING HOME

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Conditi	ions, Services,	and Activities as of 12/	31/03
Deaths During Reporting Period							
				٩	Needing		Total
Percent Admissions from:		Activities of	용	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	9.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		22.0	78.0	41
Other Nursing Homes	3.8	Dressing	4.9		26.8	68.3	41
Acute Care Hospitals	80.8	Transferring	19.5		43.9	36.6	41
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.5		26.8	53.7	41
Rehabilitation Hospitals	0.0	Eating	51.2		26.8	22.0	41
Other Locations	6.4	******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	78	Continence		용	Special Treat	ments	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	12.2	Receiving F	espiratory Care	14.6
Private Home/No Home Health	7.7	Occ/Freq. Incontiner	nt of Bladder	65.9	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	28.2	Occ/Freq. Incontiner	nt of Bowel	61.0	Receiving S	uctioning	4.9
Other Nursing Homes	11.5				Receiving C	stomy Care	0.0
Acute Care Hospitals	12.8	Mobility			Receiving T	'ube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	17.1	Receiving M	Mechanically Altered Diets	46.3
Rehabilitation Hospitals	0.0						
Other Locations	16.7	Skin Care			Other Resider	t Characteristics	
Deaths	23.1	With Pressure Sores		9.8	Have Advanc	e Directives	100.0
Total Number of Discharges		With Rashes		7.3	Medications		
(Including Deaths)	78				Receiving E	sychoactive Drugs	70.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	용	Ratio	용	Ratio	양	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.7	86.2	0.98	87.1	0.97	88.1	0.96	87.4	0.97
Current Residents from In-County	82.9	78.5	1.06	81.0	1.02	82.1	1.01	76.7	1.08
Admissions from In-County, Still Residing	16.7	17.5	0.95	19.8	0.84	20.1	0.83	19.6	0.85
Admissions/Average Daily Census	166.0	195.4	0.85	158.0	1.05	155.7	1.07	141.3	1.17
Discharges/Average Daily Census	166.0	193.0	0.86	157.4	1.05	155.1	1.07	142.5	1.16
Discharges To Private Residence/Average Daily Census	59.6	87.0	0.68	74.2	0.80	68.7	0.87	61.6	0.97
Residents Receiving Skilled Care	100	94.4	1.06	94.6	1.06	94.0	1.06	88.1	1.14
3									
Residents Aged 65 and Older	80.5	92.3	0.87	94.7	0.85	92.0	0.88	87.8	0.92
Title 19 (Medicaid) Funded Residents	61.0	60.6	1.01	57.2	1.07	61.7	0.99	65.9	0.93
Private Pay Funded Residents	9.8	20.9	0.47	28.5	0.34	23.7	0.41	21.0	0.47
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	53.7	28.7	1.87	33.8	1.59	35.8	1.50	33.6	1.60
General Medical Service Residents	9.8	24.5	0.40	21.6	0.45	23.1	0.42	20.6	0.47
Impaired ADL (Mean)	67.3	49.1	1.37	48.5	1.39	49.5	1.36	49.4	1.36
Psychological Problems	70.7	54.2	1.30	57.1	1.24	58.2	1.22	57.4	1.23
Nursing Care Required (Mean)	10.4	6.8	1.53	6.7	1.54	6.9	1.50	7.3	1.41
naroing care negative (near)	10.1	0.0	1.00	0.7	1.04	0.5	1.50	1.5	- · · ·